

County: Manitowoc
 MANITOWOC HEALTH CARE CENTER
 4200 CALUMET AVENUE

Facility ID: 5320

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MANITOWOC 54220 Phone: (920) 683-4100
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 131
 Total Licensed Bed Capacity (12/31/02): 131
 Number of Residents on 12/31/02: 121

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 119

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		24.0
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		26.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	18.2	More Than 4 Years		49.6
Day Services	No	Mental Illness (Org./Psy)	34.7	65 - 74	19.8			-----
Respite Care	No	Mental Illness (Other)	32.2	75 - 84	31.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	25.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	5.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	9.9	65 & Over	81.8	-----		
Transportation	No	Cerebrovascular	9.9		-----	RNs		14.5
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		6.2
Other Services	No	Respiratory	0.0	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.9	Male	35.5	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	64.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	1.0	127	0	0.0	0	1	5.9	165	0	0.0	0	0	0.0	0	2	1.7
Skilled Care	3	100.0	279	91	91.0	108	1	100.0	121	16	94.1	155	0	0.0	0	0	0.0	0	111	91.7
Intermediate	---	---	---	8	8.0	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	6.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		100	100.0		1	100.0		17	100.0		0	0.0		0	0.0		121	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								

Percent Admissions from:		Activities of		% Needing		% Totally		Total		
		Daily Living (ADL)		Assistance of		Dependent		Number of		
Private Home/No Home Health		8.1	Independent	One Or Two Staff				Residents		
Private Home/With Home Health		4.8	Bathing	54.5		30.6		121		
Other Nursing Homes		8.1	Dressing	44.6		28.9		121		
Acute Care Hospitals		69.4	Transferring	28.9		30.6		121		
Psych. Hosp.-MR/DD Facilities		3.2	Toilet Use	34.7		33.9		121		
Rehabilitation Hospitals		0.0	Eating	18.2		14.9		121		
Other Locations		6.5	*****							
Total Number of Admissions		62	Continence	% Special Treatments						
Percent Discharges To:			Indwelling Or External Catheter	15.7		Receiving Respiratory Care		5.8		
Private Home/No Home Health		4.5	Occ/Freq. Incontinent of Bladder	47.9		Receiving Tracheostomy Care		0.8		
Private Home/With Home Health		16.7	Occ/Freq. Incontinent of Bowel	47.1		Receiving Suctioning		1.7		
Other Nursing Homes		1.5				Receiving Ostomy Care		0.0		
Acute Care Hospitals		7.6	Mobility			Receiving Tube Feeding		3.3		
Psych. Hosp.-MR/DD Facilities		3.0	Physically Restrained	6.6		Receiving Mechanically Altered Diets		34.7		
Rehabilitation Hospitals		0.0								
Other Locations		12.1	Skin Care			Other Resident Characteristics				
Deaths		54.5	With Pressure Sores	4.1		Have Advance Directives		100.0		
Total Number of Discharges			With Rashes	1.7		Medications				
(Including Deaths)		66				Receiving Psychoactive Drugs		50.4		

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities										

		Ownership:		Bed Size:		Licensure:				
		Government		100-199		Skilled				
		Peer Group		Peer Group		Peer Group				
		Ratio		Ratio		Ratio				
								All Facilities		
Occupancy Rate: Average Daily Census/Licensed Beds		90.6	84.6	1.07	85.5	1.06	86.7	1.04	85.1	1.06
Current Residents from In-County		98.3	55.3	1.78	78.5	1.25	69.3	1.42	76.6	1.28
Admissions from In-County, Still Residing		46.8	26.2	1.79	24.7	1.90	22.5	2.08	20.3	2.30
Admissions/Average Daily Census		52.1	60.4	0.86	114.6	0.45	102.9	0.51	133.4	0.39
Discharges/Average Daily Census		55.5	64.0	0.87	114.9	0.48	105.2	0.53	135.3	0.41
Discharges To Private Residence/Average Daily Census		11.8	19.7	0.60	47.9	0.25	40.9	0.29	56.6	0.21
Residents Receiving Skilled Care		93.4	85.5	1.09	94.9	0.98	91.6	1.02	86.3	1.08
Residents Aged 65 and Older		81.8	88.5	0.92	94.1	0.87	93.6	0.87	87.7	0.93
Title 19 (Medicaid) Funded Residents		82.6	79.1	1.05	66.1	1.25	69.0	1.20	67.5	1.23
Private Pay Funded Residents		14.0	16.2	0.87	21.5	0.65	21.2	0.66	21.0	0.67
Developmentally Disabled Residents		0.8	0.5	1.57	0.6	1.30	0.6	1.46	7.1	0.12
Mentally Ill Residents		66.9	48.2	1.39	36.8	1.82	37.8	1.77	33.3	2.01
General Medical Service Residents		9.9	20.0	0.50	22.8	0.43	22.3	0.44	20.5	0.48
Impaired ADL (Mean)		46.0	44.1	1.04	49.1	0.94	47.5	0.97	49.3	0.93
Psychological Problems		50.4	62.8	0.80	53.4	0.94	56.9	0.89	54.0	0.93
Nursing Care Required (Mean)		6.5	7.5	0.87	6.8	0.95	6.8	0.96	7.2	0.90